

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL023035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>GIFT OF LIFE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1006 FALLSTON ROAD SHELBY, NC 28150</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  Report by Glenn Hoppin  DHSR Construction Section conducted a Biennial Survey on January 15, 2016 from 10:30am until 12:00pm. DHSR records indicate the home was first licensed on May 29, 2007 as a Family Care Home for four (4) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2002 North Carolina State Building Code - Building Code - Section 421.2 - Residential Care Homes.  At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 137	Bathroom-Mechanical Ventilation  SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (g) The bathrooms shall be lighted to provide 30 foot candles of light at floor level and have mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area. These vents shall be vented directly to the outdoors.  This Rule is not met as evidenced by: Observations revealed that the first floor rear bathroom does not have mechanical ventilation. Have a qualified technician install a mechanical ventilation fan that vents directly to the outside of the facility. Provide the DHSR Construction Section with copies of any invoices concerning this item.	C 137		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 147	<p>Outside Entrances/Exits-Single Hand Motion</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled.</p> <p>This Rule is not met as evidenced by: Observations revealed that the laundry room door has a locking latch that does not meet the single action exiting requirement. Disable the lock so the latch can be opened with a single hand motion. Provide documentation to the DHSR Construction Section when this item is complete.</p>	C 147		
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by: Observations revealed that the smoke detector in the staff bedroom is not interconnected with the other smoke detectors. Also the smoke detector directly outside of the rear first floor bathroom was not working at the time of the survey. Have a qualified technician repair or replace the non working smoke detectors. Provide copies of all</p>	C 174		

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C 174	Continued From page 2  invoices and receipts to the DHSR Construction Section.	C 174			